



The 52<sup>nd</sup> International Conference on  
Electron, Ion, Photon Beam Technology and Nanofabrication

May 27-30, 2008 Portland Oregon

**EIPBN Conference Registration Form**

(PLEASE TYPE IN INFORMATION OR ATTACH BUSINESS CARD)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Affiliation \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

| Fee (\$US)   | Received Before May 16         | Received After May 16          | Total |
|--|--------------------------------|--------------------------------|-------|
| Full conference w/ proceedings and banquet   | <input type="checkbox"/> \$590 | <input type="checkbox"/> \$615 |       |
| Full conference with proceedings (no banquet)  | <input type="checkbox"/> \$515 | <input type="checkbox"/> \$540 |       |
| Conference only (no proceedings, no banquet)   | <input type="checkbox"/> \$465 | <input type="checkbox"/> \$490 |       |
| Student: conference only, NO BANQUET   | <input type="checkbox"/> \$190 | <input type="checkbox"/> \$215 |       |
| Student: conference and banquet  | <input type="checkbox"/> \$240 | <input type="checkbox"/> \$265 |       |
| Extra banquet ticket   | <input type="checkbox"/> \$85  | <input type="checkbox"/> \$85  |       |
| Extra welcome reception ticket   | <input type="checkbox"/> \$60  | <input type="checkbox"/> \$60  |       |
| Separate (or extra) proceedings  | <input type="checkbox"/> \$80  | <input type="checkbox"/> \$80  |       |
| Commercial registration: please use the registration form available at <a href="http://www.eipbn.org">http://www.eipbn.org</a> under "Commercial Session". |                                | TOTAL \$                       |       |

**Method of Payment**

- I will pay at the meeting** (late fee will be charged)  
 **Check enclosed** (payable to EIPBN-2008, drawn on US bank only.  
 Please indicate registrant's name on check)  
 **Please charge my credit card**  
 Type of card:  Visa  MasterCard  American Express  
 Credit card number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  Personal card  Corporate card  
 Signature: \_\_\_\_\_

**For Office Use Only:**

Date Check Rec'd \_\_\_\_\_  
 Check number \_\_\_\_\_

Send completed form and payment to

Melissa Widerkehr  
 EIPBN  
 19803 Laurel Valley Place  
 Montgomery Village, MD 20886  
 Phone: 301-527-0900 x101  
 Fax: 301-527-0994  
 Email: [melissaw@widerkehr.com](mailto:melissaw@widerkehr.com)